

ICD-10 Frequently Asked Questions

This document provides answers to questions relating to ICD-10. The document will be updated once information is forthcoming.

If you do not see your question listed, you can [contact us](#) for more information.

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1. What is ICD-10?

ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). [Return to Top](#)

2. What is the compliance deadline for ICD-10?

The Department of Health and Human Services (HHS) issued a rule finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10. [Return to Top](#)

3. What is the difference between ICD-9-CM (clinical modification) and ICD-10-CM (clinical modification) diagnosis codes?

The ICD-9-CM diagnosis codes are mostly numeric and are 3 to 5 characters. ICD-10-CM diagnosis codes are alphanumeric and contain 3 to 7 characters. ICD-10 diagnosis codes are more descriptive and in some situations a "one-to-many" match. [Return to Top](#)

4. What is the difference between ICD-9-PCS (Procedure Coding System) and ICD-10-PCS (Procedure Coding System)?

Hospitals are required to use these codes on inpatient hospital claims. The ICD-9-PCS codes are 3-4 characters and lacks the detailed description for procedure codes. The ICD-10-PCS codes are 7 alpha-numeric characters and have a detailed description for procedure codes. [Return to Top](#)

5. Will DMMA support both ICD-9 and ICD-10 code sets?

Yes, DMMA will support both code sets based on the claim date of service. If the "from date of service" or "inpatient discharge" is prior to October 1, 2015, ICD-9 code sets are to be used. If the "from date of service" or "inpatient discharge" is October 1, 2015 and after, ICD-10 code sets are to be used. A claim cannot contain both ICD-9 and ICD-10 codes. For Institutional Providers that bill with a type of bill 11X (Inpatient Hospitals) or 21X (Skilled Nursing -Inpatient Part A) and the claim has a discharge and/or through date on or after 10/1/15, the claim is billed using ICD-10 codes. Institutional Providers that include a type of bill 32X (Home Health-Inpatient Part B) need to bill ICD codes based on the "through" date of service. [Return to Top](#)

6. Will separate test files be required for each submitter ID maintained by the submitting entity?

HP Enterprise Services (Fee-For-Service Only): Providers, Vendors and Clearinghouses are strongly encouraged to test for ICD-10 compliance. Please coordinate all testing through the ECS Department [ECS Department](#).

Highmark Health Options (managed care): For Highmark information, please visit www.HighmarkHealthOptions.com or contact your Highmark Health Options Provider Relations Representative.

UnitedHealthcare (managed care): For UnitedHealthcare information, visit www.unitedhealthcareonline.com. Under Quick Links, click on "ICD-10 and Regulatory Outreach." At the bottom of this section, there is also a link to email questions directly to the ICD-10 team. [Return to Top](#)

7. How can I learn more about ICD-10?

For more information on ICD-10, please refer to the [CMS website](#). [Return to Top](#)